

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
JUN 10 2016  
Bayfield Co. Zoning Dept.

|              |         |
|--------------|---------|
| Permit #:    | 16-0249 |
| Date:        | 8-9-16  |
| Amount Paid: | \$175   |
| Refund:      | 89-16   |

|  |   |  |  |
|--|---|--|--|
| TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |   |  |  |
| Owner's Name:<br>Anthony R. Cook<br>LeAnne M. Maehle   | Mailing Address:<br>N7034 560 <sup>th</sup> St<br>Menomonie WI 54751  | City/State/Zip:<br>Iron River WI   | Telephone:   |
| Address of Property:<br>64050 CTRY HWY A South   | Contractor Phone:<br>Plumber:   | Plumber:   | Cell Phone:<br>715-556-0691  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))<br>Robert J. and Susan R. Cook  | Agent Phone:<br>715-235-4003  | Agent Mailing Address (include City/State/Zip):<br>26477 490 <sup>th</sup> Av Menomonie WI 54751   | Written Authorization Attached<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| PROJECT LOCATION<br>SW 1/4, SW 1/4   | Legal Description: (Use Tax Statement)<br>Gov't Lot _____ Lot(s) _____ CSN _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____   | Recorded Document: (i.e. Property Ownership)<br>Volume 1061 Page(s) 409                            | Subdivision:   |
| Section 31, Township 47 N, Range 8 W   | Town of:<br>Iron River  | Lot Size<br>50' x 400'   | Acres<br>0.520   |
| Shoreland <input checked="" type="checkbox"/> Non-Shoreland  | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? <input checked="" type="checkbox"/> Yes---continue <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input checked="" type="checkbox"/> Yes---continue <input type="checkbox"/> No | Distance Structure is from Shoreline: _____ feet<br>Distance Structure is from Shoreline: 240 feet | Is Property in Floodplain Zone?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Are Wetlands Present?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Value at Time of Completion<br>* include donated time & material | Project   | # of Stories and/or basement   | Use   | # of bedrooms  | What Type of Sewer/Sanitary System Is on the property?   | Water   |
|--|---|--|---|--|--|---|
| \$19,000.00  | <input checked="" type="checkbox"/> New Construction<br><input type="checkbox"/> Addition/Alteration<br><input type="checkbox"/> Conversion<br><input type="checkbox"/> Relocate (existing bldg)<br><input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> 1-Story<br><input type="checkbox"/> 1-Story + Loft<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Basement<br><input type="checkbox"/> Foundation | <input type="checkbox"/> Seasonal<br><input checked="" type="checkbox"/> Year Round<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input checked="" type="checkbox"/> None | <input type="checkbox"/> Municipal/City<br><input type="checkbox"/> (New) Sanitary<br><input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: 5" <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)<br><input type="checkbox"/> Portable (w/service contract)<br><input type="checkbox"/> Compost Toilet | <input type="checkbox"/> City<br><input checked="" type="checkbox"/> Well |

|   |         |        |         |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction:  | Length: | Width: | Height: |

| Proposed Use  | Proposed Structure   | Dimensions   | Square Footage |
|---|--|--|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property)<br><input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)<br><input type="checkbox"/> with Loft<br><input type="checkbox"/> with a Porch<br><input type="checkbox"/> with (2 <sup>nd</sup> ) Deck<br><input type="checkbox"/> with (2 <sup>nd</sup> ) Deck<br><input type="checkbox"/> with Attached Garage | ( )<br>( )<br>( )<br>( )<br>( )<br>( )<br>( )<br>( ) |                |
| <input type="checkbox"/> Commercial Use             | <input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities<br><input type="checkbox"/> Mobile Home (manufactured date) _____  | ( )<br>( )   |                |
| <input type="checkbox"/> Municipal Use              | <input checked="" type="checkbox"/> Addition/Alteration (specify) Storage shed<br><input type="checkbox"/> Accessory Building Addition/Alteration (specify)  | ( )<br>(14 x 24)                                     | 336            |
| Perch for Issuance                                  | Special Use: (explain) _____<br>Conditional Use: (explain) _____<br>Other: (explain) _____   | ( )<br>( )<br>( )                                    |                |
| Secretarial Staff                                   |  | ( )  |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): See Attached Date \_\_\_\_\_

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Robert J. Cook Date 8-1-2016  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit EL477 490th Ave, Menomonee WI 54751

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**  
North (N) on Plot Plan  
(2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(3) Show location of (\*): **All Existing Structures on your Property**  
(4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(6) Show any (\*):  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attached map

Measurements from plot plan

Changes in plans must be approved by the Planning & Zoning Dept.

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement  |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | Feet        | Setback from the Lake (ordinary high water mark) | 276 Feet   |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River, Stream, Creek            | 276 Feet   |
| Setback from the North Lot Line             | 11 Feet     | Setback from the Bank or Bluff                   | Feet   |
| Setback from the South Lot Line             | 13 Feet     | Setback from Wetland                             | Feet   |
| Setback from the West Lot Line              | 18 Feet     | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 276 Feet    | Elevation of Floodplain                          | Feet   |
| Setback to Septic Tank or Holding Tank      | Feet        | Setback to Well                                  | Feet   |
| Setback to Drain Field                      | Feet        |  |  |
| Setback to Privy (Portable, Composting)     | Feet        |  |  |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

**Issuance Information (County Use Only)** Sanitary Number: # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: 16-00849 Permit Date: 8-9-16 See imp. surface codes attached

Is Parcel a Sub-Standard Lot ☒ Yes ☐ No (Deed of Record) ☐ No  
Is Parcel in Common Ownership ☐ Yes (Fused/contiguous Lots) ☐ No  
Is Structure Non-Conforming ☐ Yes ☒ No

Granted by Variance (B.O.A.) Case #: ☐ Yes ☐ No Previously Granted by Variance (B.O.A.) Case #: ☐ Yes ☐ No

Was Parcel Legally Created ☒ Yes ☐ No Were Property Lines Represented by Owner Was Property Surveyed ☒ Yes ☐ No

Was Proposed Building Site Delineated ☒ Yes ☐ No Inspection Record: Removing nonconforming shed + replacing w/ this conforming shed. Per DEP. Submittal it is ok to issue permit on 50' wide lot due to confection. Deckhouse (new) + deck + stairs

Date of Inspection: 6-15-16 Inspected by: J. Greenlee, M. Murphy Zoning District (R-1) Takes Classification (2-R) with

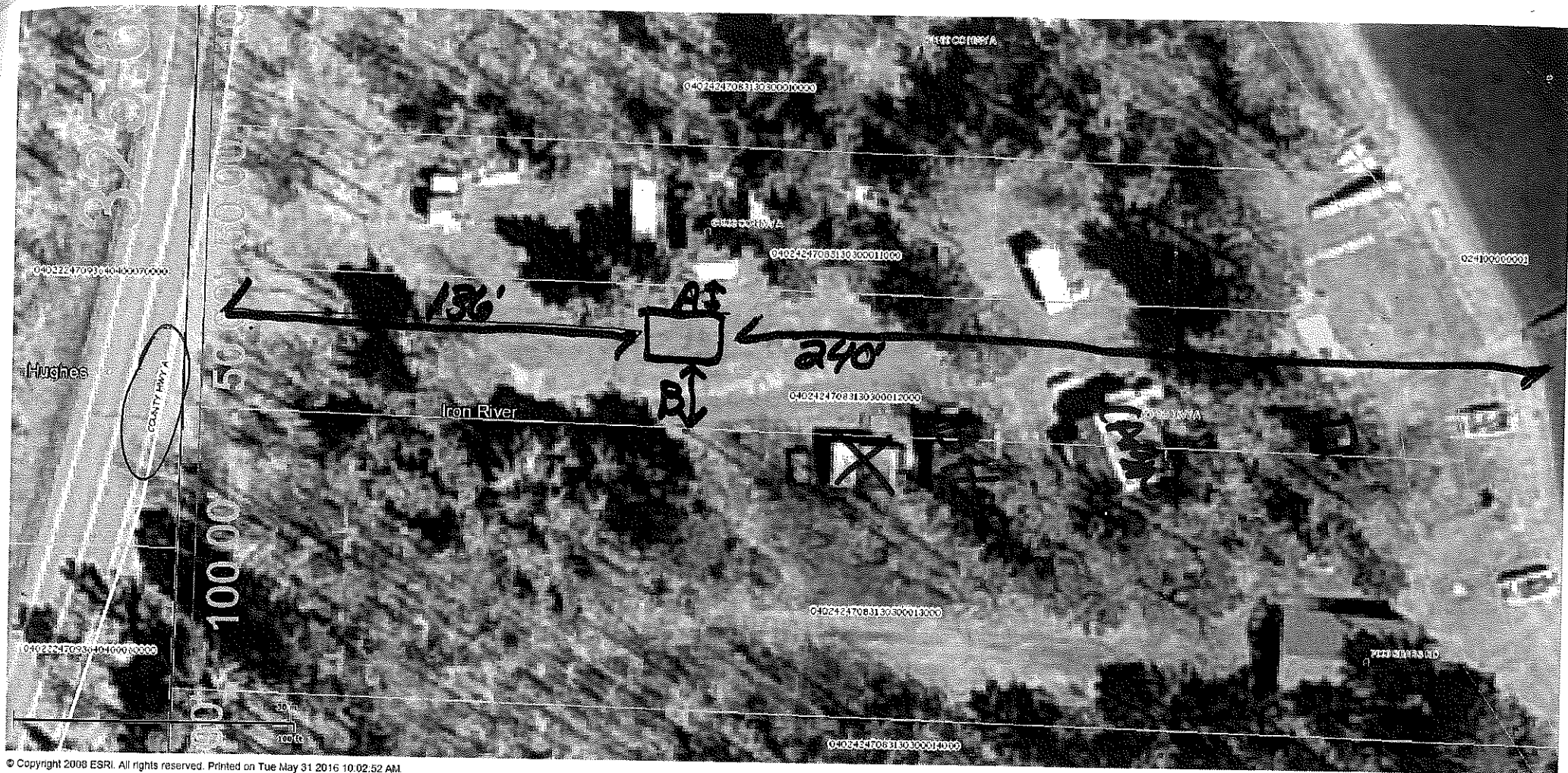
Conditions: Town, Committee or Board Conditions Attached? ☐ Yes ☐ No (If No they need to be attached)

Building not approved for habitation or indoor pumping fixtures.

Signature of Inspector: Date of Approval: 8-8-16

Hold For Sanitary: ☐ Hold For TBA: ☐ Hold For Affidavit: ☐ Hold For Fees: ☐

Wayfield County, WI



A) setback 10' from North property line

shed 14' wide North to South  
24' Long East + West

B) 26' to south property line



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

**APPLICATION FOR PERMIT**  
**BAYFIELD COUNTY, WISCONSIN**

**ENTER**

|              |         |
|--------------|---------|
| Permit #:    | 16-0058 |
| Date:        | 8-10-16 |
| Amount Paid: | \$175   |
| Refund:      |         |

**INSTRUCTIONS:** No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

RECEIVED  
JUL 06 2016  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

|  |  |  |   |  |  |   |  |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|--|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |  |  |   |  |  |   |  |  |  |  |  |
| Owner's Name: <b>STEVEN + Lona Schmidt</b>   |  |  | Mailing Address: <b>63955 E F Hwy H</b>               |  |  | City/State/Zip: <b>IRON RIVER WI 54847</b>  |  |  |  |  |  |
| Address of Property: <b>7540 Spider Lake Rd</b>  |  |  | City/State/Zip: <b>IRON RIVER WI 54847</b>            |  |  | Telephone: <b>715-372-4151</b>  |  |  |  |  |  |
| Contractor: <b>Dan D Abrahamson</b>  |  |  | Contractor Phone: <b>None</b>                         |  |  | Plumber: <b>None</b>  |  |  |  |  |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) <b>None</b>   |  |  | Agent Phone:  |  |  | Agent Mailing Address (include City/State/Zip):   |  |  |  |  |  |
| PROJECT LOCATION   |  |  | Legal Description: (Use Tax Statement)                |  |  | PIN: (23 digits) <b>04024-2-47-08-19-1 05-002-01000</b>   |  |  | Recorded Document: (i.e. Property Ownership) Volume <b>1113</b> Page(s) <b>431</b> |  |  |
| Section <b>19</b> , Township <b>47</b> N, Range <b>08</b> W  |  |  | Town of: <b>IRON RIVER</b>                            |  |  | Lot Size  |  |  | Acreage: <b>1.025 Acres</b>  |  |  |
| <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or landward side of Floodplain? If yes---continue →  |  |  | Distance Structure is from Shoreline: _____ feet      |  |  | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  | Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No     |  |  |
| <input checked="" type="checkbox"/> Shoreland → <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →   |  |  | Distance Structure is from Shoreline: <b>130</b> feet |  |  | Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  | Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No     |  |  |
| <input type="checkbox"/> Non-Shoreland   |  |  |   |  |  |   |  |  |  |  |  |

| Value at Time of Completion<br>*include donated time & material | Project  | # of Stories and/or basement                | Use  | # of bedrooms                            | What Type of Sewer/Sanitary System Is on the property?                                    | Water                                    |
|---|--|---|--|--|---|--|
| \$15006   | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input checked="" type="checkbox"/> Seasonal | <input type="checkbox"/> 1               | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|   | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Year Round          | <input type="checkbox"/> 2               | <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Septic</u>            | <input checked="" type="checkbox"/> Well |
|   | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input type="checkbox"/> _____               | <input type="checkbox"/> 3               | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>         | <input type="checkbox"/> _____           |
|   | <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/> Basement           |  | <input type="checkbox"/> _____           | <input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon) |  |
|   | <input type="checkbox"/> Run a Business on Property  | <input type="checkbox"/> No Basement        |  | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract)                                    |  |
|   | <input type="checkbox"/> _____                       | <input type="checkbox"/> Foundation         |  | <input type="checkbox"/> _____           | <input type="checkbox"/> Compost Toilet   |  |
|   | <input type="checkbox"/> _____                       |   |  | <input type="checkbox"/> None            |   |  |

|   |            |           |           |
|---|------------|-----------|-----------|
| Existing Structure: (if permit being applied for is relevant to it) | Length:    | Width:    | Height:   |
| Proposed Construction:  | Length: 36 | Width: 22 | Height: 8 |

| Proposed Use       | ✓                                   | Proposed Structure   | Dimensions      | Square Footage |
|--------------------|-------------------------------------|--|-----------------|----------------|
| X Residential Use  | <input type="checkbox"/>            | Principal Structure (first structure on property)  | (      X      ) |                |
|                    | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | (      X      ) |                |
|                    |                                     | with Loft  | (      X      ) |                |
|                    |                                     | with a Porch   | (      X      ) |                |
|                    |                                     | with (2 <sup>nd</sup> ) Porch  | (      X      ) |                |
|                    |                                     | with a Deck  | (      X      ) |                |
|                    |                                     | with (2 <sup>nd</sup> ) Deck   | (      X      ) |                |
|                    |                                     | with Attached Garage   | (      X      ) |                |
|                    | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (      X      ) |                |
|                    | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | (      X      ) |                |
| □ Commercial Use   | <input type="checkbox"/>            | Addition/Alteration (specify) _____  | (      X      ) |                |
|                    | <input checked="" type="checkbox"/> | Accessory Building (specify) <u>GARAGE STORAGE PORCH</u>   | ( 36 X 22 )     | 792            |
|                    | <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____   | (      X      ) |                |
| □ Municipal Use    |                                     |  |                 |                |
|                    |                                     |  |                 |                |
|                    |                                     |  |                 |                |
| Rec'd for Issuance |                                     |  |                 |                |
| JUL 18 2016        | <input type="checkbox"/>            | Special Use: (explain) _____   | (      X      ) |                |
|                    | <input type="checkbox"/>            | Conditional Use: (explain) _____   | (      X      ) |                |
|                    | <input type="checkbox"/>            | Other: (explain) _____   | (      X      ) |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

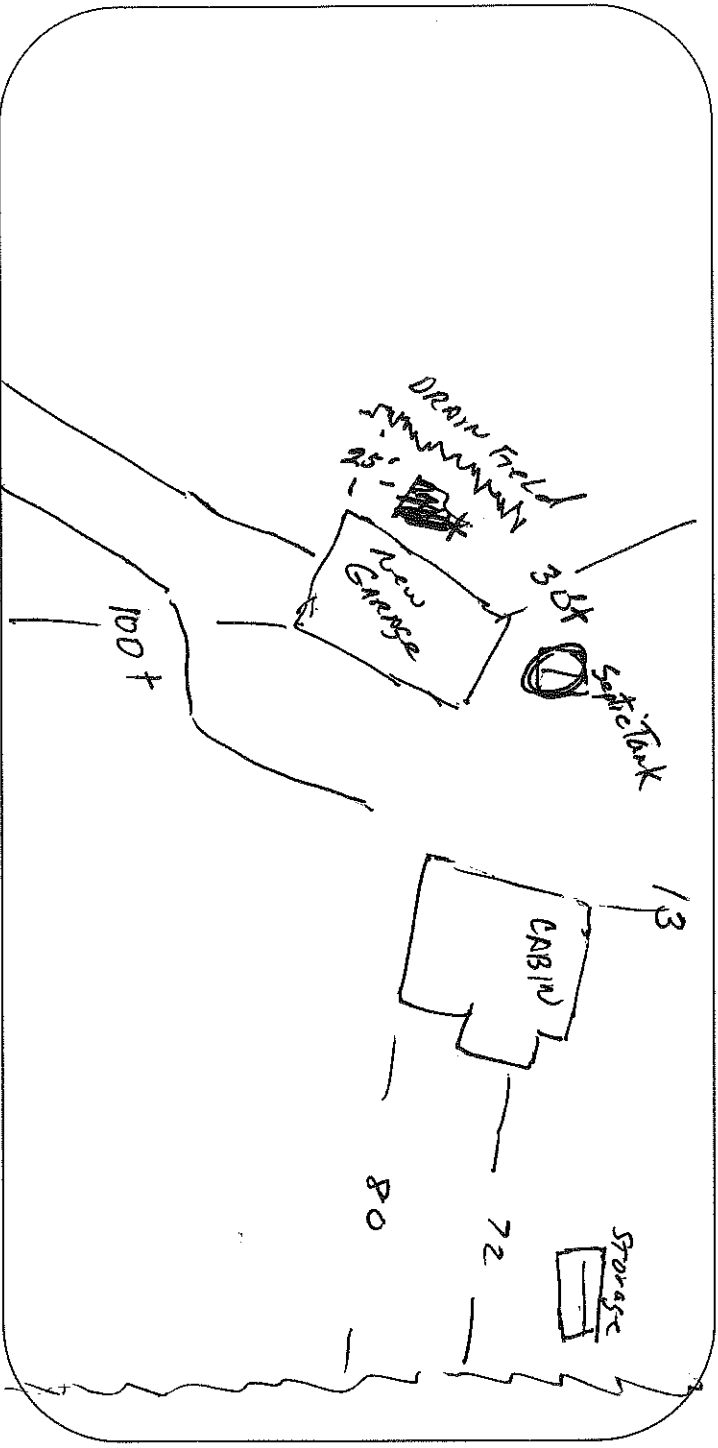
Owner(s): Stacy & Anna J. Schmitt Date 9/13/2016  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Address to send permit: 63935 CT Hwy 4 IR Cx 54847

the box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description                                 | Measurement | Description                                      | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | Feet        | Setback from the Lake (ordinary high-water mark) | 100 Feet    |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River Stream, Creek             | Feet        |
| Setback from the North Lot Line             | 30 Feet     | Setback from the Bank or Bluff                   | Feet        |
| Setback from the South Lot Line             | 100 Feet    | Setback from Wetland                             | Feet        |
| Setback from the West Lot Line              | 100 Feet    | 20% Slope Area on property                       | Yes No      |
| Setback from the East Lot Line              | 100 Feet    | Elevation of Floodplain                          | Feet        |
| Setback to Septic Tank or Holding Tank      | 10 Feet     | Setback to Well                                  | 40 Feet     |
| Setback to Drain Field                      | 10 Feet     |  |             |
| Setback to Privy (Portable, Composting)     | Feet        |  |             |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|   |   |  |   |  |
|---|---|--|---|--|
| <b>Issuance Information (County Use Only)</b>   |   | Sanitary Number:                             | # of bedrooms:  | Sanitary Date:   |
| Permit Denied (Date):   |   | Reason for Denial:                           |   |  |
| Permit #: 16-0058   | Permit Date: 8-10-16  | see supervisor under                         |   |  |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Is Parcel in Common Ownership                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Mitigation Required                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)  | Case #: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Previously Granted by Variance (B.O.A.)      | Case #: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Was Parcel Legally Created  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         | Were Property Lines Represented by Owner     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |  |
| Was Proposed Building Site Delineated   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         | Was Property Surveyed                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |  |
| Inspection Record: BUTTER WERE USED TO PUT THE WAY TO THE HOUSE natural cover (wood) sides, near sanitary.  | Date of Inspection: 7-13-16   |  |   |  |
| Condition(s): Town Committee of Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached |   | Date of Re-Inspection:                       |   |  |
| Shed not be used for business habitation &/or sleeping purposes & shed not contain indoor plumbing fixtures unless connected to Ponds is approved by County.    |   |  |   |  |
| Signature of Inspector:   |   |  |   | Date of Approval: 7-18-16  |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>                                      | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/>                                     |  |